The District Commissioner is responsible for approving all activities for Beaver Scouts, Cub Scouts, Scouts and Explorer Scouts. Within Three Towns District this approval is requested by emailing this form to [DC@ThreeTownsScouts.org.uk](mailto:DC@ThreeTownsScouts.org.uk) at least 14 days before the event. Please ensure you send it in plenty of time just in case there are any questions or queries.

Exact numbers, route plans and additional information such as attendee’s names, menus, programmes, risk assessments are not to be submitted with this form unless requested.

The Leader in change must ensure the activity is planned and run in full accordance with The Scout Association’s Policy, Organisation and Rules “PO&R”, in particular, with all the sections of Chapter 9 – Activities, this includes items such as InTouch, Risk Assessment, Emergency Procedure and the Adventurous Activities Permit Scheme. Please always ensure you have checked the latest version of Chapter 9, which is available on the *Members* page of [www.scouts.org.uk](http://www.scouts.org.uk) in the *Policy, Organisation and Rules* section.

Group Scout Leaders are locally responsible for all activities in their Group and thus must be made aware of all the activity details prior to submitting this form and kept informed of any changes or issues.

All overnight events must be notified using the separate “Nights Away Notification “NAN” form

Please fill in the form below and send to the District Commissioner - [DC@ThreeTownsScouts.org.uk](mailto:DC@ThreeTownsScouts.org.uk)

**SECTION 1 – ALL INFORMATION TO BE COMPLETED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Group or Unit | | |  | | | | | | | |  | Section | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Activity Date | | |  | | | | | | | |  | Venue | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Description of Activity | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  |  | | | |  | | | |
| Organising Leader | | | |  | | | | | | |  | Scouting Role | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Telephone | | | |  | | | | | | |  | Email | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Numbers |  | SS | |  | BS |  | CS |  | S |  | | ES |  | |  | Adult Leaders |  | Other Adults |  |
|  |  |  | |  | | |  |  |  |  | |  |  | |  |  |  |  |  |
| PO&R Chapter 9 checked and the Activity is compliant with all rules | | | | | | | | | | | | | | | YES  NO  (if no state why below) | | | | |
|  | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| Names of all adult members/other adults attending |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Leaders:** | | |  |  |  |  |  |  | |  |  | |  | **Expiry Dates** | | | |  | |  | **Name** | **Role** | **Membership Number** | **DBS** | **Safety** | **Safeguarding** | **First Aid** |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  | | **Other Adults**: | | | |  |  |  |  |  | | |  |  | |  |  |  |  |  |  | |  | **Name** | **Role** | **Membership Number** | **DBS Expiry Date** | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | |  |  |  |  |  | | | |  | | |

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| --- | --- | --- |
| **Planning and Preparation**  As part of the planning and preparation for the activity the following documentation should be in place: programmes, attendance information, medical and emergency contact information for attendees, InTouch system, and written risk assessments. | | |
| **In Touch Details**  (Please provide details of your In Touch system and the main contacts in the event of an emergency |  | |
| **Risk Assessments** | I confirm that a written risk assessments for the activity has been completed and shared with the GSL or responsible Commissioner (or their nominee) | . |
| I confirm that the risk and control measures will be communicated to all adults and young people involved in the event, in an appropriate manner. | . |
| **Contingency Plans** | I confirm that if the planned activity cannot take place, the leadership team have considered alternatives and they will be carried out as per the local approval process. | . |
| **Group Scout Leader/District Explorer Scout Commissioner** | I confirm that the Group Scout leader / District Explorer Scout Commissioner is aware of this event taking place. | . |
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|  | | |
|  | | |

**SECTION 2 – TO BE COMPLETED IF REQUIRING ADVENTUROUS ACTIVITY PERMITS OR USE OF SPECIALIST INSTRUCTORS:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qualified person (1) | |  |  | Telephone | |  |
|  | | | | | | |
| Permit or qualification |  | |  | Email |  | |
|  | | | | | | |
| Qualified person (2) | |  |  | Telephone | |  |
|  | | | | | | |
| Permit or qualification |  | |  | Email |  | |

Abbreviations

SS= Squirrel Scouts, BS = Beaver Scouts, CS = Cub Scouts, S= Scouts, ES = Explorer Scouts